

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

REF ID: **10718703**
APPLICANT(S):

CLAIMS DATE:

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	RID	DEP	RID	DEP	RID	DEP
1	1					
2	1					
3		1				
4		2				
5		1				
6		1				
7		2				
8		2				
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TOTAL RID.	3					

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1/14

	RID	DEP	RID	DEP	RID	DEP
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